Visionary Kids Childcare EMERGENCY/FIRST AID/MED CARD

Child's name		
AgeWei	ght	_Blood Type (If known)
Medical Conditions		
Allergies		
Medications		
Parent/Guardian Phone Numbers		
Medical Insurance (Carrier	
I as parent and/or le	gal guardian of	
give permission for	medical treatment in	case of any emergency.
Date	Sig	gnature
C'hild's name	Vision EMERGENCY	ary Kids Childcare /FIRST AID/MED CARD
Child's name Age Wei	EMERGENCY	FIRST AID/MED CARD
	EMERGENCY	ary Kids Childcare /FIRST AID/MED CARD _Blood Type (If known)
AgeWei	EMERGENCY	FIRST AID/MED CARD
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AgeWei Medical Conditions Allergies Medications Parent/Guardian	ght	FIRST AID/MED CARD
AgeWei Medical Conditions Allergies Medications Parent/Guardian Phone Numbers	EMERGENCY	FIRST AID/MED CARD

ATTENTION: Run several on 3X5 inch cards and attach them to the handbook when passing them out. These cards are then hole punched in one corner and put on a ring that the teacher could take on a field trip or when transporting.

Date ______ Signature